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 Fergus Falls, MN 56534 1806 Fir Ave E. Ste. 200 Ph: 218-998-2992 Fax: 320-323-4357
 Alexandria, MN 56308 512 30TH Ave. E. Ste. 100 Ph: 320-762-5411 Fax: 320-762-0829
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 Fargo, ND 58103 1126 Westrac Dr. Ph: 701-412-2973 Fax: 701-237-4407

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| Client Name: | Client Date of Birth: ____/____/____ | Client Chart Number: |
|---------------------|--|-----------------------------|

GENERAL FINANCIAL AGREEMENT

SOLUTIONS operates on a fee-for-service basis. Fees for requested services will be explained at the time of admission. A listing of rates is available upon request.

Payment is required at the time of service, unless alternative arrangements are made with the business office. Accounts are expected to be kept current.

With authorization SOLUTIONS will directly bill a client's health insurance carrier for medically-indicated services. The client is responsible for any co-payments, co-insurance, deductibles, or costs for services not covered by the insurance company, unless otherwise specified by the insurance carrier. Co-payment is expected at the time of service.

Account statements will be sent out monthly. Payment is expected upon receipt. Account balances not paid within the statement month will be charged interest (1.5% of the overdue balance).

If an account is unable to be paid, the client is expected to contact the business office to request an alternative payment arrangement. Necessary services will not be suspended due to failure to pay. SOLUTIONS will work with clients on a good faith basis to develop a payment plan. "Good faith" means that both parties will follow agreed upon terms and will maintain communication to problem-solve issues which may arise.

Accounts 90-days delinquent will be sent to collections.

A sliding fee scale is available for those individuals falling within designated income guidelines and providing necessary income verification. A copy of the sliding fee scale is available upon request.

A 24-hour cancellation notice is required for appointments. A client may be charged for a missed or late cancelled appointment.

This Financial Agreement will be updated on a yearly basis.

My signature below indicates my understanding of and agreement with the terms of this Financial Agreement. See Minnesota Statutes Chapter 325L, Uniform Electronic Transactions Act and North Dakota Century Code Chapter 9-16, Electronic Transactions.

- a.) A record or signature may not be denied legal effect or enforceability solely because it is in electronic form.
- b.) A contract may not be denied legal effect or enforceability solely because an electronic record was used for its formation.
- c.) If a law requires a record to be in writing, an electronic record satisfies the law.
- d.) If a law requires a signature, an electronic signature satisfied the law.

(This Financial Agreement Form will be filed in medical record maintained by SOLUTIONS for this client)

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| Signature of Client or Parent/Guardian: | Printed Name of Signer: | Date of Signature: ____/____/____ |
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| Signature of Client or Parent/Guardian: | Printed Name of Signer: | Date of Signature: ____/____/____ |
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